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THE MEDICO-ECONOMIC ASPECT OF THE IMMIGRATION PROBLEM.

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MUCH has been, and is being, written about the social, racial and economic aspect of the immigration question. The purely medical aspect has received a share of attention, but much more can be said from this point of view.

In all its aspects, the immigration question is one of the most serious problems confronting the people of the United States to-day. Its various phases are closely intermingled and correlated. The question of individual health is dependent upon racial characteristics, and, in a wider sense, the social and economic effects are dependent upon both. The character of our population has changed so rapidly that we are but just awakening to find a stupendous evil confronting us. We must at once face the situation, realize the serious nature of the disease that threatens our national life and boldly apply the knife. Active measures must be taken to save the country from this threatening peril.

A New York school-teacher recently tried to get from her class some intelligent answers to questions regarding important facts in United States history. Vainly she labored. At last, in a moment of inspiration and desperation, she asked, "Where is Ellis Island?" Instantly, every hand in the room went up, and the light of intelligence gleamed from every pair of eyes,—the answer was as one voice. In speaking afterwards of the incident, the teacher said in a spirit of mock gravity: "I am convinced that United States history will have to be revised. We have always looked with veneration upon Plymouth Rock; our future generations will know it only as a legend; their history begins with Ellis Island."

The early settlers of this country were not immigrants as we now apply the term. They were of hardy stock, full of determination, and, above all, they were home-seekers and home-makers. They became an integral part of their adopted land and were, in truth, nation-builders. The resources of the New World seemed unlimited, men were needed to develop them and an influx of settlers was encouraged. The vista of physical discomforts, hard labor and isolated lives attracted only the vigorous, alert and ambitious of the Old World, and held out no inducement to the weakling and degenerate.

Thus came into being this greatest of republics; and, with world-wide recognition of its prosperity and richness, we have been forced to recognize the change in the make-up of our population. The settler is no more. The immigrant is a reality. The alien no longer comes to our shores as an organizer and builder of the nation, but as an adventurer, eager to take advantage of a widely heralded national prosperity.

From the point of view of the cities the immigration question assumes its most serious aspect. As a result of their situation, the coast cities suffer the most. New York City may be taken as the most representative of its class. As a port of entry, it ranks first. During the fiscal year ending June 30, 1906, 1,101,401 aliens were landed in this country; of this number 880,543, or eighty per cent., entered through the port of New York.

When the alien reaches New York, he is sent from the steamship direct to Ellis Island, the immigration station of the port of New York. There he takes his place in a line of his fellow passengers, and these in single file pass along a narrow, fenced-in passageway. A surgeon inspects them to ascertain if they have any mental abnormality; a few feet beyond him a second surgeon inspects them for physical defects; and still a third examines their eyelids for evidence of trachoma. If a surgeon detects any abnormal condition, the immigrant is termed "off the line" and is sent to a special place for a more extended examination later. These suspected cases are rigidly examined, and, in each instance where any deviation from the normal is discovered, the surgeon makes out a certificate of disability covering the facts in the case. The danger lies in the procedure after this, for each case is entitled to a hearing before a special board of inquiry.

An alien suffering from any of the affections classed as manda-

tory reasons for exclusion is readily disposed of, and is not a menace to our national health—with one exception, which deserves special attention and which will be mentioned later. The real danger is from the alien of poor physique, but no definite disease. If a citizen appears and offers either a verbal or written guarantee that the alien in question will not become a public charge, the latter is almost invariably admitted. It is needless to say that this guarantee is, in many instances, worthless; and the alien, by virtue of physical disability, soon becomes an inmate of some hospital or is otherwise cared for at the public expense. That this evil is real, and not imaginary, is plainly shown by the fact that, during the fiscal year ending June 30, 1906, there were certified by the surgeons at Ellis Island 5,747 aliens having poor physique or some physical abnormality. Of this number 1,117 were deported. Minor physical defects are not included in the above numbers, for 26,424 such cases were certified in 1905, and these were not considered as of sufficient gravity to warrant exclusion.

The fact that aliens of poor physique are particularly suitable for deportation is well shown by the following extract from a circular letter of the Commissioner-General of Immigration, dated April 17th, 1905. It includes this official definition of "poor physique":

"A certificate of this nature implies that the alien concerned is afflicted with a body but illy adapted not only to the work necessary to earn his bread, but is also but poorly able to withstand the onset of disease. It means that he is undersized; poorly developed, with feeble heart action, arteries below the standard size; that he is physically degenerate, and, as such, not only unlikely to become a desirable citizen, but very likely to transmit his undesirable qualities to his offspring, should he, unfortunately for the country in which he is domiciled, have any.

"It is deemed proper to add that, of all causes for rejection, outside of those for dangerous contagious or loathsome disease, or for mental disease, that of 'poor physique' should receive the most weight; for, in admitting such aliens, not only do we increase the number of public charges by their inability to gain their bread through their physical inaptitude and their low resistance to disease, but we admit likewise progenitors to this country whose offspring will reproduce, often in an exaggerated degree, the physical degeneracy of their parents."

This is all only too true. We are adding this most undesirable class to our population, and the results are appallingly apparent.

The exception to the mandatory deportable cases mentioned above is that of alien wives of citizens of the United States. These women are admitted, no matter what their physical condition may be. Our natural humanitarian impulse may lead us to characterize this as perfectly proper and to regard any other course as little short of barbarous, yet it is a menace of vital importance.

Prescott Hall, in his able work on immigration, states pertinently that "recent discoveries in biology show that, in the long run, heredity is far more important than environment or education, for though the latter can develop it cannot create." The truth of this dictum cannot be gainsaid. The health of the adult alien not only is a factor of grave import as regards his immediate and personal relationship to the community in which he dwells, but it reacts with the most serious consequences upon the country at large. Not only are the illiterate, physically unfit immigrants, now coming to us in such vast hordes, a menace in themselves, but the greater evil lies in their offspring who, by inheritance and environment, perpetuate the poor physique and non-disease-resisting qualities of their progenitors.

Incidentally to the medical inspection of school-children in New York City, the pupils are now subjected to a complete and rigid physical examination. During the first three months of the present year, 23,733 children were examined and 17,362 were found to be suffering from some physical abnormality. Of this number of defectives 12,170, or 70.1 per cent., were of foreign birth. It is safe to assume that a large proportion of the remainder were of foreign parentage, for their names give satisfactory evidence of foreign extraction.

In 1905 the 88 children in one truant-school in Manhattan were examined. Of these, 77 were found to be physically defective, 74, or 96.1 per cent., of these latter being of foreign birth.

It is impossible to ascertain the exact number of foreign-born children in the public schools in New York; but, using the United States Census report of 1900 as a guide, it is probable that about 40 per cent. can be listed in that category. Disregarding the direct economic loss to the City involved in caring for these physically unfit children, the danger to the nation from the acquisition of such a type of weaklings stands out in bold proportions as a serious menace to the future well-being and vigor of our country. The Department of Health of New York City

is making most strenuous efforts to correct this evil by endeavoring to place these children under proper medical care, but the incoming tide threatens to overwhelm us with the magnitude and ceaseless oncoming of its flood.

Tuberculosis, that persistent, devastating plague, against whose inroads millions of money are being spent and the keenest forces of the medical profession and laity are making almost herculean efforts, furnishes an illustration of one of the many phases of this question.

In itself, it is a disease not directly inherited; but inherited poor physique, physical non-resistance, and unhygienic surroundings furnish a trio of predominant factors that predispose to it, and therefore it may be used to prove this point.

In 1902, there were in New York City 18,509 deaths from all causes; 5,724, or 30 per cent., of these deaths were due to consumption. Taking the number of deaths from tuberculosis during 1902 among residents of New York City between the ages of fifteen and forty-four years, and classifying them according to maternal parentage, we have the following results:

Native-born population.....	2,167,122
Deaths during the year from tuberculosis, native maternal parentage.....	637
Foreign-born population.....	1,270,080
Deaths during the year from tuberculosis, foreign maternal parentage.....	5,087

Another instance may be quoted. An investigation of 500 consecutive deaths of infants from diarrhoeal diseases, in New York City, showed that 125, or 25 per cent., were of native parentage, while 375, or 75 per cent., were of foreign parentage. And this condition exists, although the native population of New York City is 63.5 per cent. of the total.

In connection with this phase, let us face the fact that the native birth-rate is decreasing, while that of the foreign population is showing an active trend in the opposite direction. One fact alone from the Census Bulletin No. 22 shows this with remarkable vividness. It is stated that between 1890 and 1900 there was a decrease in children born of native mothers of 13 per 1,000, and an increase of 44 per 1,000 for foreign mothers. This, in itself, cannot be classed as alarming; but, considering the physical characteristics of our foreign-born parents, it sounds a note of warning which it would be foolish to disregard.

In the United States the results of the addition to our population are shown by the following facts: There are in the charitable and penal institutions of the country, including those maintained for the detention and treatment of the insane, 349,885 inmates. Of these, 11 per cent. are aliens and 17 per cent. naturalized foreign born, making a total of 28 per cent., although the number of foreign-born persons in the United States is only 14 per cent. Practically 33 per cent. of the insane in the United States are of foreign birth. The New York State Lunacy Commission, in March, 1904, reported that 60 per cent. of the insane patients in New York City were foreign born.

Keeping in mind the figures given by the last United States Census for New York City, let us consider the situation from another point of view. From 1885 to 1894, the total admissions to the hospitals for adults of New York City were 282,928. Of these 63.7 per cent. were of foreign birth. During 1905 there were admitted to seven of the largest hospitals of the City, 26,839 patients, of whom 12,550, or 46.6 per cent., were native born, and 14,289, or 53.4 per cent., were foreign born. Of the native born many were undoubtedly of foreign parentage. These hospitals practically all show an annual deficit in their operating expenses. Owing to the different methods of bookkeeping used, it is impossible to tell how large this deficit is. These institutions are all semi-private, and depend for their support upon the donations and bequests of the charitably inclined. Statistics of five of the hospitals for 1905 show that, of the total number of patients, 73.5 per cent. were treated free. The City pays to each of these hospitals a sum of money annually, based upon the number of free patients treated. Thus the burden of caring for the foreign-born patients is borne not only by voluntary donations of personal wealth, but by enforced contributions by the taxpayers at large.

The hospitals wholly supported by the City present even a greater problem, for the money is contributed wholly from City funds. In 1905, Bellevue and its Allied Hospitals treated a total of 35,199 patients; of these, 19,146, or 54.4 per cent., were foreign born. The appropriation for these hospitals for the year amounted to \$648,480.76, so that \$352,773.54 of this sum was directly spent for the care of sick persons of foreign birth.

The City and Metropolitan Hospitals treated 17,461 patients, of whom 10,533 were foreign born, a proportion of 60.3 per cent.

The total appropriation for the Department of Public Charities, under whose supervision these hospitals are maintained, was, for the year, \$2,027,490.16.

The maintenance of the cases of contagious diseases, transferred from Ellis Island direct to the Kingston Avenue Hospital of the Department of Health of New York City, cost the Government of the United States, during the year 1906 (up to December), \$84,340. This amount was nearly one-third of the total required for the expenses of the hospital. The figures given above do not take into account the various clinics and dispensaries of the City. None of these is self-supporting. Treatment is given only to those who are unable to employ a private physician, and the preponderance of foreign-born applicants for treatment over the native-born is enormous.

The Department of Health, from the nature of its work, directs the greater part of its attention to the crowded or tenement districts of the City. These districts are almost entirely inhabited by the foreign-born population. Ignorance, illiteracy and unhygienic methods of living render the people of these sections among the most frequent and persistent violators of the sections of the Sanitary Code. Disease, in all of its manifestations, is rampant in these areas, and the non-resisting physique of the people, coupled with overcrowding and uncleanness, fosters its spread.

The health of the City is in the care of, and is safeguarded by, the Department of Health. The cost to the City is large, and the greater proportion of the expense is incurred by reason of the foreign element in our population. Contagious diseases flourish in these areas. Proper isolation and restrictive measures are difficult of enforcement when pitted against ignorance and lax compliance with sanitary regulations.

The wide prevalence of trachoma in our public schools is undoubtedly due to our foreign population. In 1902, vigorous measures to eliminate this disease were instituted by the Department of Health. Of the children in the schools, 10 per cent. were found to be affected, and these children were, almost without exception, of foreign birth or parentage. More stringent regulations in reference to the importation of persons afflicted with this disease, and more careful examination at ports of entry, are now keeping from us the worst cases of this class. But the Depart-

ment of Health has been, and is, spending considerable sums of money to eradicate and control this strictly imported disease.

The greater part of the expense incurred by the Department of Health in examining school-children, and in caring for sick babies in the summer, is due to the large foreign element involved.

The Department of Health maintains a clinic for the treatment of communicable respiratory diseases. In 1904, out of 1,450 new cases of tuberculosis treated, 1,017, or 70.1 per cent., were of foreign birth. In 1905, 1,670 new cases were treated, including 1,064, or 63.7 per cent., of foreign birth. Of these latter, 65 gave a history of having had tuberculosis before coming to this country. The following table is of interest in this connection:

CASES TREATED IN TUBERCULOSIS CLINIC, JULY 1ST TO DECEMBER 31ST, 1905

Number cases pulmonary tuberculosis treated.....	767		
(a) Native-born	236	or	30.8%
(b) Foreign-born	531	or	69.2%
Foreign-born—(a) disease contracted before arrival in United States.....	27	or	5.1%
(b) Disease contracted within one year after arrival in United States.....	23	or	4.3%
Disease contracted from one to five years after arrival in United States.....	147	or	26.7%

What, then, is the remedy for this danger to our national body? Internal remedies are partially corrective, but not curative. Strive as we may, and with our best energies given to the task, we are failing to check its progress. Radical measures must be boldly applied, if we would perpetuate those virile and sturdy qualities which have placed us among the great nations of the earth.

From an economic point of view, the burden is fast becoming too heavy to be borne; from the standpoint of physical fitness, we are in danger of becoming a degenerate nation. It is too late to generalize; specific danger-signals are already before us. We must act. Decision is needed *now*. Let us briefly recapitulate the main points in our indictment and then plead our case and place it in the hands of the citizens of these United States as a jury to decide the result. The decision will be one of fundamental importance.

The indictment is that: 1. The present immigration law is inadequate to protect the country from the following classes of

undesirable aliens: (a) the illiterate; (b) the alien of poor physique; (c) those suffering from minor physical defects. 2. The method of enforcing the law is faulty, because of (a) a hurried and therefore necessarily superficial method of physical examination at the port of entry, (b) easy methods of appeal in cases certified as physically deficient by the examining surgeons, (c) acceptance of inadequate surety, oral or written, that the physically defective will not become public charges. 3. The results of the present law and its manner of enforcement are that (a) the ratio of foreign-born to native inmates of asylums and charitable institutions is in great excess of the normal ratio of the same class of inhabitants; (b) there is a preponderance of foreign-born inmates of the hospitals; (c) New York City is saddled with an excessive cost of maintenance of foreign-born patients in the City hospitals; (d) children of foreign birth and parentage suffer from poor vitality as a result of hereditary influences, thus striking at the very heart of our national being; (e) the present class of immigrants are of poor stock and physically unfit. Our argument on these lines has already been presented. What, then, is the remedy?

This must come through a process of evolution, meeting the evils as they unfold themselves. The following suggestions are not new, but they are imperative. The law should be so amended that it will provide (a) an educational test, (b) the requirement that every immigrant should have at least \$50, (c) inspection of all emigrants by American surgeons before embarkation, and perhaps some sort of certificate viséd, if possible, by the nearest American consul, (d) that a certificate of physical deficiency issued by an examining surgeon should be considered final reason for deportation, with no right of appeal except before a board of surgeons, and then only on the ground of an error in diagnosis. None of these suggestions is drastic except the last, yet that is the most important.

In conclusion, let us consider again the most important phase of this vital problem, as set forth in the annual report for the fiscal year ending June 30th, 1906, of the Hon. Robert Watchorn, Commissioner of Immigration at the Port of New York. In speaking of the citizens who give a guarantee that an alien certified for deportation will not become a charge on the public if allowed to land, he says:

"The very best that can be expected of any guarantor of this class is that he will keep his word and see to it that the alien, whose deportation he prevented by his pledges and assurances, does in fact obtain his living otherwise than at public expense. But is that all that concerns the public? Is that all that appeals to an intelligent populace? Surely not! On the contrary, it is only the veneering, as it were, of the whole matter at stake. What guarantee, pledge or bond, no matter how valid, will avail a community in the event of the bonded alien, who is certified as of 'poor physique,' 'feeble-minded' or other designated forms of physical or mental degeneracy, becoming a progenitor, and leaving to it a legacy of American-born imbeciles as a reward for the consideration shown in not deporting him or her, as the case may be?"

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